

Attorney Docket No.

HE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Joseph Bishop

Group Art Unit: 3673

Application No.: 10/824,148

Examiner: FREDRICK C CONLEY

Filing Date:

April 14, 2004

Confirmation No.: 6376

Title: LOADING SUPPORT STRUCTURE FOR PATIENT TRANSPORT CART

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Enclosed is a reply for the above-identified patent application.								
×	A Petition for Extension of Time is also enclosed.							
	Terminal Disclaimer(s) and the \$\infty\$\$ \$65.00 (2814) \$\infty\$\$ \$130.00 (1814) fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are also enclosed.							
	Also enclosed is/are							
-								
}								
	Small entity status is hereby claimed.							
Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).								
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	Applicant(s) previously submitted							
	on, for which continued examination is requested.							
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.							

Attorney Docket No.	005618-007			
Application No.	10/824.148			

■ No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS									
	No. of Claims	Highe: of Cla Previo Paid	aims ously		Extra Claims	Extra Claims Rate		Additional Fee	
Total Claims	20	MINUS	20 :	=	0	×	\$50.00	(1202) =	\$ 0.00
Independent Claims	4	MINUS	3 :	=	1	×	\$200.00	(1201) =	\$ 200.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)									
Total Claim Amendment Fee						\$ 200.00			
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 100.00				
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 100.00				

×	A check in the amount of \$_\$100.00 is encl	losed	for the fee	due.				
	Charge to Deposit Account No. 02-4800.							
	Charge to credit card. Form PTO-2038 is attached.							
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.								
		Res	pectfully su	bmitted,				
		BUR	RNS, DOAN	IE, SWECK	ER & MATHIS, L.L.P.			
)								
Alex	. Box 1404 kandria, Virginia 22313-1404 3) 836-6620	Ву	Kevin Bray	Bray 194	Mubolf			

Date: June 8, 2005